

Department of Public Health and  
Human Services (DPHHS)

## Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

*John Chappuis, Deputy Director*

Date: February 27, 2003

Revised Date:

|                       |                                    |                 |     |
|-----------------------|------------------------------------|-----------------|-----|
| <b>Policy Title:</b>  | Documentation and Record Retention |                 |     |
| <b>Policy Number:</b> | 008                                | <b>Version:</b> | 1.0 |
| <b>Approved By:</b>   | John Chappuis                      |                 |     |
| <b>Date Approved:</b> | February 27, 2003                  |                 |     |

### Purpose:

This policy addresses the documentation and record retention requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

### Policy:

1. **General – DPHHS will maintain documentation required for HIPAA compliance and will store such documentation for a period of a minimum of six years and three months. Documentation that is no longer required will be destroyed in a manner appropriate to protection of the Protected Health Information ("PHI").**
  - a. DPHHS will document all necessary policies for HIPAA compliance and will make all policies and procedures available to employees who deal with PHI in their work.
  - b. DPHHS will inventory all equipment, hardware and software, and will keep records of maintenance and security testing of such equipment.
  - c. DPHHS will document the offices or personnel who are responsible for receiving and processing authorizations to disclose PHI. All authorizations will be maintained on file for a period of six years and three months.
  - d. DPHHS will document the titles or offices responsible for receiving and processing access to PHI. Denial of access to PHI will also be documented by these offices or persons.
  - e. DPHHS will document the titles or offices responsible for processing requests to amend PHI. These offices will also document any circumstances where amendment was denied.

- f. All DPHHS personnel who disclose PHI for purposes other than treatment, payment, health care operations, or in response to written authorizations will document such disclosures. The Privacy Officer will be responsible to collect and store such documentation logs for audit purposes. Client requests for restrictions to uses and disclosures of PHI will be in writing and will be maintained by the Privacy Officer.
- g. DPHHS will maintain documentation of training regarding privacy and security issues and will document which personnel have received such training and with what frequency.
- h. DPHHS will maintain documentation of sanctions applied to employees for security violations.
- i. The DPHHS Privacy Officer will document all circumstances where a client has requested and received an accounting of disclosures of PHI.
- j. DPHHS will maintain a file of Business Associate Agreements and contracts.
- k. DPHHS will maintain records of all Notices of Privacy Practices and subsequent changes to those notices.
- l. DPHHS will keep documentation of the classifications of personnel and their level of access to protected health information (See Information Security and Data Access Policy, December 15, 1996).
- m. The Privacy Officer or office designated to receive complaints will maintain a file of complaints received and corrective actions taken.

#### Destruction of PHI

- 1. When documentation is no longer necessary or is otherwise scheduled for elimination, it will be destroyed in a manner to preserve protection of the PHI.
  - a. Paper documents will be shredded; and
  - b. Electronic records will be deleted and all back up storage will be erased or destroyed.